

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/594461

926-06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		4				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20	1		1			
21		1				
22		2				
23		2				
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			26			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						